

2008 Overview of Community Services Delivery in Virginia

This Overview of Community Services Delivery in Virginia describes the structure through which community mental health, mental retardation, and substance abuse services are provided to individuals in Virginia with mental illnesses, mental retardation, or substance use disorders (alcohol or other drug dependence or abuse). Throughout this overview, intellectual disability or substance use disorder names a condition that an individual has, while mental retardation or substance abuse names the services respectively used to treat that condition. This overview is divided into four sections:

- a summary of the overview;
- several ways of classifying community services boards (CSBs);
- a description of the composition of CSB boards of directors, a listing of CSB powers, duties, and responsibilities, and a discussion of CSB roles; and
- information about consumers served and services delivered by CSBs in Fiscal Year (FY) 2007.

While CSBs and their services are the focus of this overview, the private sector is a vital partner with CSBs in serving individuals with mental illnesses, intellectual disabilities, or substance use disorders. In addition to serving many individuals through contracts with CSBs, private providers also serve other individuals directly, for example through various Medicaid programs such as the mental retardation home and community-based waiver (with plans of care case managed by CSBs) and mental health clinic and inpatient psychiatric treatment services.

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Part I: Overview Summary

Public community mental health, mental retardation, and substance abuse services are provided in Virginia by community services boards (CSBs), behavioral health authorities (BHAs), or local government departments with policy-advisory CSBs. All of these organizations function as:

- single points of entry into publicly funded mental health, mental retardation, and substance abuse services, including access to state hospital and training center (state facility) services;
- service providers, directly and through contracts with other providers;
- advocates for consumers¹ and other individuals in need of services;
- community educators, organizers, and planners;
- advisors to the local governments that established them; and
- local focal points for programmatic and financial responsibility and accountability.

Section § 37.2-100 of the Code of Virginia defines three types of CSBs: operating, administrative policy, and policy-advisory to a local government department. Chapter 6 in Title 37.2 of the Code of Virginia authorizes behavioral health authorities in three localities; a BHA exists only in Richmond. In this overview, CSBs, the BHA, and the local government department with a policy-advisory CSB are referred to as CSBs or community services boards, unless the context clearly indicates otherwise.

Operating and administrative policy CSBs and the BHA are guided and administered by boards of directors with statutory fiduciary and management authority and responsibilities. Boards of directors consist of no less than six and no more than 18 members who are appointed by the city councils and county boards of supervisors that established the CSBs or BHA. A local government department with a policy-advisory CSB is advised by that CSB. Currently, 502 individuals serve as board members on the 40 CSBs. The term CSB includes the board members and the organization that provides services, unless the context clearly indicates otherwise.

CSBs are not part of the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services. While not part of the Department, CSBs are key operational partners with the Department and its state facilities in Virginia's system of public mental health, mental retardation, and substance abuse services. The Central Office, State Facility, and CSB Partnership Agreement, available at www.dmhmrzas.virginia.gov, describes this arrangement. Operating CSBs and the BHA are agents of the local governments that established them, but they are not city or county government departments. Most administrative policy CSBs are city or county government departments. The Department's relationships with all CSBs are based on the performance contract, applicable provisions in Title 37.2 of the Code of Virginia, and State Mental Health, Mental Retardation and Substance Abuse Services Board policies and regulations. The Department contracts with, funds, monitors, licenses, regulates, and provides leadership, guidance, direction, and consultation to CSBs.

Beginning in the late 1940s, the Department established and operated mental hygiene clinics across the state to provide local mental health services. Eventually, the Department transferred all of these clinics to CSBs. In 1968, the General Assembly enacted Chapter 10 of Title 37.1, the CSB enabling legislation. Arlington and Prince William Counties established the first two CSBs in 1968. Today, 40 CSBs provide services to people in all 134 cities or counties in Virginia. The table on the next page shows the date on which each CSB was created, and the map on the page after that shows its location. Please contact Paul R. Gilding, the Department's Director of Community Contracting, at (804) 786-4982 or paul.gilding@co.dmhmrzas.virginia.gov, with any questions about this overview.

¹ Section 37.2-100 of the Virginia Code defines a consumer as a current direct recipient of public or private mental health, mental retardation, or substance abuse treatment or habilitation services. Consumers have been referred to as clients, patients (in state hospitals for individuals with mental illnesses), or residents (in state training centers for individuals with mental retardation); revised Title 37.2, enacted in 2005, replaces all of these terms with consumer.

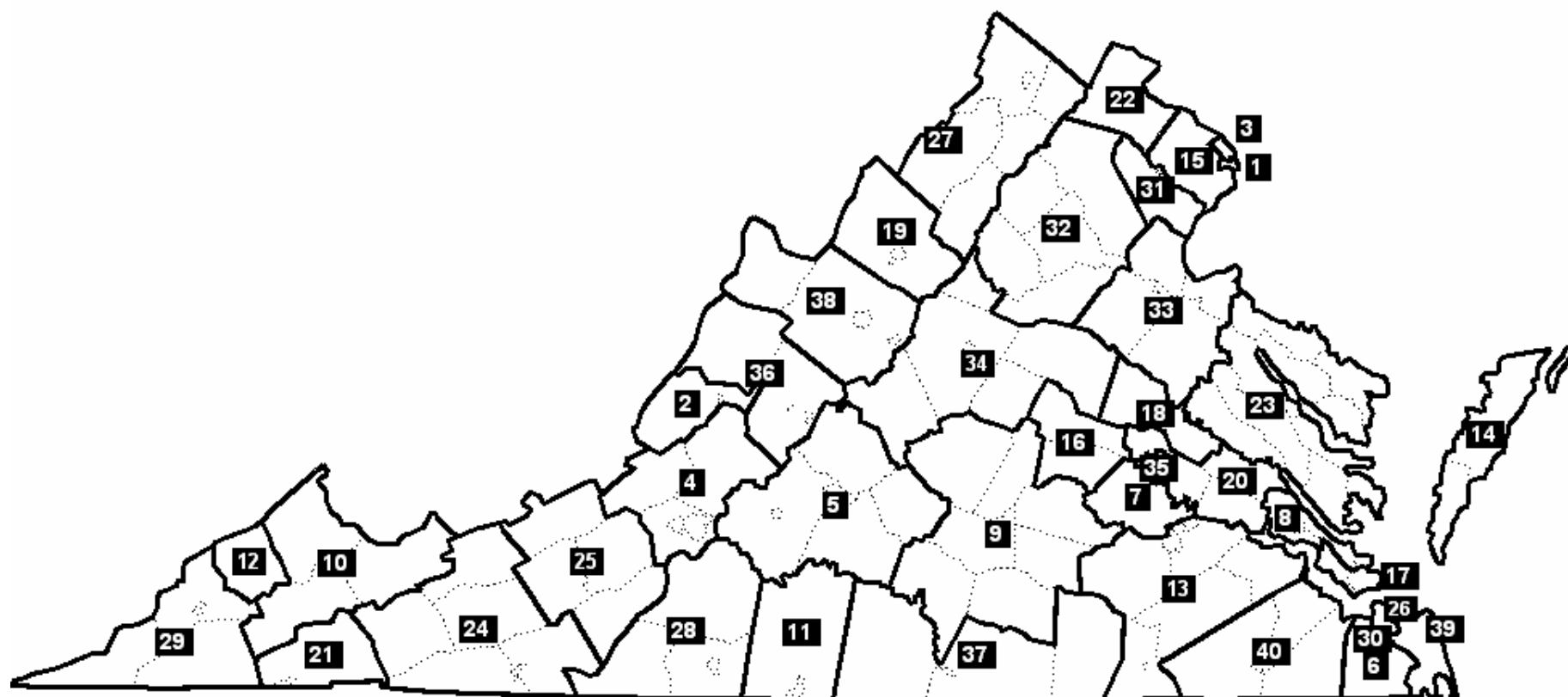
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Order	Establishment of Community Services Boards ¹	Map Key ²	Date
7	Alexandria Community Services Board	1	03-25-69
37	Alleghany Highlands Community Services Board	2	12-08-81
2	Arlington County Community Services Board	3	11-23-68
4	Blue Ridge Behavioral Healthcare	4	01-20-69
8	Central Virginia Community Services	5	04-18-69
12	Chesapeake Community Services Board	6	05-24-69
21	Chesterfield Community Services Board	7	08-11-71
17	Colonial Services Board	8	01-05-71
34	Crossroads Community Services Board	9	12-06-73
25	Cumberland Mountain Community Services Board	10	06-07-72
31	Danville-Pittsylvania Community Services	11	10-31-72
39	Dickenson County Behavioral Health Services	12	06-24-82
33	District 19 Community Services Board	13	09-18-73
20	Eastern Shore Community Services Board	14	07-26-71
3	Fairfax-Falls Church Community Services Board	15	01-15-69
38	Goochland-Powhatan Community Services	16	04-12-82
18	Hampton-Newport News Community Services Board	17	02-23-71
24	Hanover County Community Services Board	18	05-31-72
23	Harrisonburg-Rockingham Community Services Board	19	03-24-72
15	Henrico Area Mental Health & Retardation Services Board	20	07-09-69
32	Highlands Community Services	21	10-31-72
11	Loudoun County Community Services Board	22	05-20-69
35	Middle Peninsula-Northern Neck Community Services Board	23	02-28-74
28	Mount Rogers Community MH and MR Services Board	24	09-21-72
14	New River Valley Community Services	25	07-01-69
6	Norfolk Community Services Board	26	03-09-69
36	Northwestern Community Services	27	06-25-74
29	Piedmont Community Services	28	10-16-72
26	Planning District One MH and MR Services Board	29	07-28-72
9	Portsmouth Department of Behavioral Healthcare Services	30	04-22-69
1	Prince William County Community Services Board	31	11-21-68
16	Rappahannock Area Community Services Board	33	06-09-70
30	Rappahannock-Rapidan Community Services Board	32	10-30-72
5	Region Ten Community Services Board	34	02-03-69
10	Richmond Behavioral Health Authority	35	04-28-69
40	Rockbridge Area Community Services	36	10-14-82
27	Southside Community Services Board	37	09-13-72
19	Valley Community Services Board	38	06-15-71
13	Virginia Beach Community Services Board	39	06-20-69
22	Western Tidewater Community Services Board	40	12-01-71

¹ Information about each CSB (names of the executive director and board chairman, address, telephone and fax numbers, web site, e-mail address, and cities and counties served) is contained in the CSB Address List, available on the Department's web site at www.dmhmrzas.virginia.gov.

² Each CSB's location is shown with the corresponding map key number in the map on the next page.

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The following table lists CSBs by health planning region (HPR) and planning partnership region (PPR). Health planning regions are the geographical areas in Virginia that are covered by regional health planning agencies. These agencies are responsible for health planning activities under Title 32.1 of the Code of Virginia, including reviewing and approving certificates of public need for certain health care facilities, such as hospitals and nursing homes. HPRs are used to group CSBs regionally across the state. PPRs are associated with state hospital catchment areas. PPRs are the same as HPRs except two CSBs in HPR 3 are now also identified as PPR 7, and two CSBs in HPR 3 and one in HPR 4 are now also identified as PPR 6. PPRs are identical to regional utilization management regions.

Listing of CSBs by Health Planning Region (HPR) and Planning Partnership Region (PPR)		
HPR 1 Northwestern Virginia (8 CSBs)	Central Virginia Community Services Harrisonburg-Rockingham CSB Northwestern Community Services Rappahannock Area CSB	Rappahannock-Rapidan CSB Region Ten CSB Rockbridge Area Community Services Valley CSB
HPR 2 Northern Virginia (5 CSBs)	Alexandria CSB Arlington County CSB Fairfax-Falls CSB	Loudoun County CSB Prince William County CSB
HPR 3	<i>Health Planning Region 3 contains 10 CSBs, organized into three PPRs.</i>	
PPR 7 (2 CSBs)	Alleghany Highlands CSB Blue Ridge Behavioral Healthcare	
PPR 3 Southwestern Virginia (6 CSBs)	Cumberland Mountain CSB Dickenson County Behavioral Health Services Highlands Community Services Mount Rogers Community MH & MR Services Board New River Valley Community Services Planning District One Mental Health and Mental Retardation Services Board	
PPR 6 (2 CSBs)	Danville-Pittsylvania Community Services Piedmont Community Services	
PPR 6 (1 CSB)	Southside CSB	
HPR 4 Central Virginia (8 CSBs) PPR (7 CSBs)	Chesterfield CSB Crossroads CSB District 19 CSB Goochland-Powhatan Community Services Hanover County CSB Henrico Area Mental Health & Retardation Services Board Richmond Behavioral Health Authority	
HPR 5 Eastern Virginia (9 CSBs)	Chesapeake CSB Colonial Services Board Eastern Shore CSB Hampton-Newport News CSB Middle Peninsula-Northern Neck CSB Norfolk CSB Portsmouth Department of Behavioral Healthcare Services Virginia Beach CSB Western Tidewater CSB	

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The Department first funded local services through CSBs in Fiscal Year (FY) 1971, distributing \$480,078 to 14 CSBs. In FY 2007, the Department disbursed \$261 million of state and federal funds to 40 CSBs. Also, more than \$160 million of state funds matched federal Medicaid reimbursements for state plan option rehabilitation services, case management, and mental retardation waiver services. Finally, cities and counties appropriated \$211 million of local matching funds for CSBs in FY 2007.

CSBs exist to provide individualized, effective, flexible, and efficient treatment, habilitation, and prevention services in the most accessible and integrated yet least restrictive settings possible. CSBs provide services to improve the quality of life for people with mental illnesses, intellectual disabilities, or substance use disorders, responding to their expressed needs and preferences. CSB services draw upon all available community resources and people's natural supports, such as family, friends, and work or school, to support the recovery, self-determination, empowerment, and resilience of consumers and assist them to realize their fullest potentials. Community services are provided through a diverse network of CSBs and their directly operated and contractual services. CSBs offer varying combinations of nine core services: emergency, local inpatient, outpatient, case management, day support, employment, residential, prevention and early intervention, and limited services. Only emergency services and, subject to the availability of funds appropriated for them, case management services are mandated by § 37.2-500 or § 37.2-601 of the Code of Virginia. Core services in this overview are defined in Core Services Taxonomy 7. The current taxonomy is available on the Department's web site at www.dmhmrzas.virginia.gov.

2008 Combined Classification Of CSBs: Budget Size and Population Density		
Budget Size & Population Density	Operating CSBs (28) Behavioral Health Authority (1)	Administrative Policy CSBs (10) Local Government Department with Policy-Advisory CSB (1)
Large Budget Urban CSBs (12)	Blue Ridge, Hampton-Newport News, Norfolk, Richmond BHA	Alexandria, Arlington, Chesterfield, Fairfax-Falls Church, Henrico Area, Loudoun County, Prince William County, Virginia Beach
Large Budget Rural CSB (3)	Central Virginia, Mount Rogers, Region Ten	
Medium Budget Urban CSBs (3)	Colonial, Rappahannock Area	Chesapeake
Medium Budget Rural CSBs (10)	Crossroads, Cumberland Mountain, Danville-Pittsylvania, District 19, Middle Peninsula-Northern Neck, New River Valley, Piedmont, Rappahannock-Rapidan, Valley, West. Tidewater	
Small Budget Urban CSB (2)		Hanover County, Portsmouth DBHS
Small Budget Rural CSBs (10)	Alleghany Highlands, Dickenson, Eastern Shore, Goochland-Powhatan, Harrisonburg-Rockingham, Highlands, Northwestern, Planning District One, Rockbridge Area, Southside	

Budget Size is based on FY 2007 fourth quarter performance contract reports: Large = \$22 million plus; Medium = \$12 million to \$22 million; Small = less than \$12 million

Population Density: Urban = 175 people or more per square mile; Rural = less than 175 people per square mile.

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2008 Community Services Board Populations (2006 Final Estimates, Weldon Cooper Center, UVA)				
Community Services Board	Population	Area	Density	U/R
Alexandria Community Services Board	135,385	15.3	8,849	Urban
Alleghany Highlands Community Services Board	22,879	453.4	50	Rural
Arlington County Community Services Board	198,557	25.9	7,666	Urban
Blue Ridge Behavioral Healthcare	245,673	1,181.0	208	Urban
Central Virginia Community Services	239,528	2,124.5	113	Rural
Chesapeake Community Services Board	215,271	340.7	632	Urban
Chesterfield Community Services Board	294,453	425.7	692	Urban
Colonial Services Board	147,518	272.6	541	Urban
Crossroads Community Services Board	101,506	2,761.4	37	Rural
Cumberland Mountain Community Services Board	96,311	1,498.4	64	Rural
Danville-Pittsylvania Community Services	106,984	1,014.0	105	Rural
Dickenson County Behavioral Health Services	15,841	332.7	48	Rural
District 19 Community Services Board	169,938	1,931.4	88	Rural
Eastern Shore Community Services Board	52,109	662.0	79	Rural
Fairfax-Falls Church Community Services Board	1,043,092	403.8	2,583	Urban
Goochland-Powhatan Community Services	46,581	545.8	85	Rural
Hampton-Newport News Community Services Board	326,880	120.1	2,722	Urban
Hanover County Community Services Board	96,374	472.8	204	Urban
Harrisonburg-Rockingham Community Services Board	117,247	868.8	135	Rural
Henrico Area Mental Health & Retardation Services Bd.	309,952	630.4	492	Urban
Highlands Community Services	69,705	575.8	121	Rural
Loudoun County Community Services Board	268,924	519.9	517	Urban
Middle Peninsula-Northern Neck CSB	138,894	2,028.3	68	Rural
Mt. Rogers Community MH&MR Services Board	120,060	2,201.4	54	Rural
New River Valley Community Services	169,812	1,458.0	116	Rural
Norfolk Community Services Board	234,219	53.8	4,353	Urban
Northwestern Community Services	210,714	1,637.5	129	Rural
Piedmont Community Services	140,581	1,568.7	90	Rural
Planning District One MH&MR Services Board	93,193	1,384.5	67	Rural
Portsmouth Dept. of Behavioral Healthcare Services	98,318	33.1	2,970	Urban
Prince William County Community Services Board	415,998	350.2	1,188	Urban
Rappahannock Area Community Services Board	306,359	1,394.0	220	Urban
Rappahannock-Rapidan Community Services Board	161,352	1,961.3	82	Rural
Region Ten Community Services Board	220,946	2,147.0	103	Rural
Richmond Behavioral Health Authority	193,882	60.1	3,226	Urban
Rockbridge Area Community Services	40,565	1,140.9	36	Rural
Southside Community Services Board	88,139	2,009.5	44	Rural
Valley Community Services Board	115,457	1,421.4	81	Rural
Virginia Beach Community Services Board	431,820	248.3	1,739	Urban
Western Tidewater Community Services Board	139,229	1,324.0	105	Rural
TOTALS	7,640,246	39,598.4	193	NA

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2008 Community Services Board Region Populations				
Region	Population	Area	Density	U/R
Northwestern Virginia (HPR 1)	1,412,168	12,695.4	111	Rural
Northern Virginia (HPR 2)	2,061,956	1,315.1	1,568	Urban
Planning Partnership Region 7	268,552	1,634.4	164	Rural
Southwestern Virginia (PPR 3)	564,922	7,450.8	76	Rural
Planning Partnership Region 6	335,704	4,592.2	73	Rural
Central Virginia (HPR 4)	1,212,686	6,827.6	178	Urban
Eastern Virginia (HPR 5)	1,784,258	5,082.9	351	Urban
TOTALS	7,640,246	39,598.4	193	NA

The two preceding tables display the population, geographical area, population density, and urban or rural classification of the 40 CSBs and the health planning regions (HPRs) or planning partnership regions (PPR) in Virginia. Each CSB's HPR or PPR identification is contained in the CSB Address List, mentioned at the bottom of page 3, and is listed in the table on page 5. The following table groups CSBs by population size (small, medium, or large), a traditional classification.

2008 Classification of Community Services Boards by Three Population Sizes			
Community Services Board Populations (2006 Final Estimates): 7,640,246 total			
11 Large Population Community Services Boards [225,544 + people]: 4,116,898 total			
Community Services Board	Population	Community Services Board	Population
Blue Ridge Behavioral Healthcare	245,673	Loudoun County CSB	268,924
Central Virginia Community Services	239,528	Norfolk CSB	234,219
Chesterfield CSB	294,453	Prince William County CSB	415,998
Fairfax-Falls Church CSB	1,043,092	Rappahannock Area CSB	306,359
Hampton-Newport News CSB	326,880	Virginia Beach CSB	431,820
Henrico Area MH&R Services Board	309,952		
16 Medium Population Community Services Boards [112,772 - 225,544 people]: 2,594,843 total			
Alexandria CSB	135,385	New River Valley Community Services	169,812
Arlington County CSB	198,557	Northwestern Community Services	210,714
Chesapeake CSB	215,271	Piedmont Community Services	140,581
Colonial Services Board	147,518	Rappahannock-Rapidan CSB	161,352
District 19 CSB	169,938	Region Ten CSB	220,946
Harrisonburg-Rockingham CSB	117,247	Richmond Behavioral Health Authority	193,882
Middle Peninsula-Northern Neck CSB	138,894	Valley CSB	115,457
Mt. Rogers Community MH&MR S.B.	120,060	Western Tidewater CSB	139,229
13 Small Population Community Services Boards [Less than 112,772 people]: 928,505 total			
Alleghany Highlands CSB	22,879	Hanover County CSB	96,374
Crossroads CSB	101,506	Highlands Community Services	69,705
Cumberland Mountain CSB	96,311	Planning District One Mental Health and	93,193
Danville-Pittsylvania Comm. Services	106,984	Mental Retardation Services Board	
Dickenson County Behavioral Health	15,841	Portsmouth DBHS	98,318
Eastern Shore CSB	52,109	Rockbridge Area Community Services	40,565
Goochland-Powhatan Comm. Services	46,581	Southside CSB	88,139

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Another classification of CSBs by population size breaks CSBs into four population groups that are displayed in the following table. The Department used this classification to allocate the new FY 2009 mental health law reform funds among the 40 CSBs.

2008 Classification of Community Services Boards by Four Population Sizes			
Small CSBs (6)		Medium Large CSBs (11)	
0 - 84,579 People		169,159 - 253,737 People	
Alleghany Highlands CSB	22,879	Arlington County CSB	198,557
Dickenson County Behavioral Health	15,841	Blue Ridge Behavioral Healthcare	245,673
Eastern Shore CSB	52,109	Central Virginia Community Services	239,528
Goochland-Powhatan Comm. Services	46,581	Chesapeake CSB	215,271
Highlands Community Services	69,705	District 19 CSB	169,938
Rockbridge Area Community Services	40,565	New River Valley Comm. Services	169,812
Medium Small CSBs (15)		Norfolk CSB	234,219
84,580 - 169,158 People		Northwestern Community Services	210,714
Alexandria CSB	135,385	Rappahannock-Rapidan CSB	161,352
Colonial Services Board	147,518	Region Ten CSB	220,946
Crossroads CSB	101,506	Richmond Behavioral Health Authority	193,882
Cumberland Mountain CSB	96,311	Large CSBs (8)	
Danville-Pittsylvania Comm. Services	106,984	253,738 + People	
Hanover County CSB	96,374	Chesterfield CSB	294,453
Harrisonburg-Rockingham CSB	117,247	Fairfax-Falls Church CSB	1,043,092
Middle Peninsula-Northern Neck CSB	138,894	Hampton-Newport News CSB	326,880
Mount Rogers Comm. MH&MR S.B.	120,060	Henrico Area MH&R Services Board	309,952
Piedmont Community Services	140,581	Loudoun County CSB	268,924
Planning District One MH&MR S.B.	93,193	Rappahannock Area CSB	306,359
Portsmouth DBHS	98,318	Prince William County CSB	415,998
Southside CSB	88,139	Virginia Beach CSB	431,820
Valley CSB	115,457		
Western Tidewater CSB	139,229		

Methodology:

Total state population less Fairfax-Falls Church (extreme outlier): $7,640,246 - 1,043,092 = 6,597,154$.
 $6,597,154 \div 39 \text{ CSBs} = 169,158$ which is the average population per CSB.

$169,158 \times 0.5 = 84,579$ and $169,158 + 84,579 = 253,737$ for the boundaries for $\frac{1}{4}$ and $\frac{3}{4}$ boundaries to create four population groups: small, medium-small, medium-large, and large population CSBs.

Also, there are significant gaps in the populations between Highlands and Southside (18,434), Colonial and Rappahannock-Rapidan (13,834), and Blue Ridge and Loudoun County (23,251).

Source: Weldon Cooper Center for Public Service (UVA) Final 2006 Population Estimates

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Part II: Community Services Boards Classifications

Introduction

A community services board (CSB) can be classified or categorized in several ways: number of cities and counties served, total budget size, urban or rural population density, and its relationship with its local government or governments. In this overview, community services boards, behavioral health authorities, and local government departments with policy-advisory CSBs are referred to as CSBs or community services boards, unless the context clearly indicates otherwise.

- A. Number of Localities Served:** Since 1968, the 134 local governments (cities or counties) in Virginia have established 40 CSBs.

Eleven CSBs serve one city or county: Alexandria, Arlington, Chesapeake, Chesterfield, Dickenson County, Hanover County, Loudoun County, Norfolk, Portsmouth, Richmond, and Virginia Beach

Seven CSBs serve two localities: Alleghany Highlands, Danville-Pittsylvania, Eastern Shore, Goochland-Powhatan, Hampton-Newport News, Harrisonburg-Rockingham, and Highlands

Five CSBs serve three localities: Cumberland Mountain, Fairfax-Falls Church, Henrico Area, Prince William County, and Southside

Six CSBs serve four localities: Colonial, Piedmont, Planning District One, Rockbridge Area, Valley, and Western Tidewater

Four CSBs serve five localities: Blue Ridge, New River Valley, Rappahannock Area, and Rappahannock-Rapidan

Four CSBs serve six localities: Central Virginia, Mount Rogers, Northwestern, and Region Ten

One CSB serves seven counties: Crossroads

One CSB serves nine localities: District 19

One CSB serves ten counties: Middle Peninsula-Northern Neck

Historically, distinctions were made among CSBs based on the number of jurisdictions that they served. For instance, CSBs that served a single jurisdiction, referred to as single jurisdiction CSBs, were classified differently for some purposes than CSBs that served more than one city or county, referred to as multi-jurisdictional CSBs. For example, the Department interacted differently with single jurisdiction and multi-jurisdictional CSBs in conducting its Financial Management reviews of them.

In 1998, the General Assembly revised the statute to define three types of CSBs in § 37.2-100 of the Code of Virginia. Then, this first classification, based on number jurisdictions served, became largely irrelevant, except as a measure of how complex local government relationships might be for a particular CSB. The remaining classification categories in this overview (total budget size, population density, and relationship with local government) are much more meaningful bases on which to classify or categorize CSBs, for instance for analytical or comparative purposes. Finally, information about CSB staffing is contained at the end of this section (Community Services Boards Classifications) of the overview.

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B. Total Community Services Board Budget

The total budget of a CSB is at least an indirect indication of its workload, organizational complexity, and size. The 40 CSBs are ranked in the following table based on their total budget sizes in millions of dollars. The total budget figures in this table include state, local matching, and federal funds; fee revenues, including Medicaid; and other miscellaneous revenues, such as sheltered workshop sales and retained earnings. Budget size is based on total revenues in Fiscal Year (FY) 2007 end of the fiscal year performance contract reports. In FY 2007, the latest year for which information is available, the total amount of all revenues in all CSB budgets was \$865.587 million. The statewide ratio of state to local matching funds was 49.67/50.33 percent.

FY 2007 Statewide Revenues by Source (Millions)					
State Funds	Local Match	Fees	Federal	Other	Total Revenues
\$208.938	\$211.695	\$360.282	\$51.945	\$32.727	\$865.587
24.14%	24.46%	41.62%	6.00%	3.78%	100.00%

FY 2007 Community Services Boards Total Budgets (Revenues)					
Rank	CSB	Amount	Rank	CSB	Amount
Large Budget (\$22 Million Plus) Community Services Boards (15 CSBs)					
6	Alexandria CSB	29.52	13	Loudoun County CSB	23.95
10	Arlington County CSB	26.79	12	Mount Rogers Comm. MH&MR SB	25.08
9	Blue Ridge Behavioral Healthcare	28.09	15	Norfolk CSB	22.69
5	Central Virginia Community Services	31.42	14	Prince William County CSB	23.65
4	Chesterfield CSB	31.48	7	Region Ten CSB	29.06
1	Fairfax-Falls Church CSB	138.21	3	Richmond BHA	40.25
2	Hampton-Newport News CSB	50.15	11	Virginia Beach CSB	25.82
8	Henrico Area MH&R Services Board	28.35			
Medium Budget (\$12 to \$22 Million) Community Services Boards (13 CSBs)					
25	Chesapeake CSB	13.60	17	New River Valley Com. Services	20.07
28	Colonial Services Board	12.07	26	Piedmont Community Services	13.58
24	Crossroads CSB	13.82	16	Rappahannock Area CSB	20.84
19	Cumberland Mountain CSB	18.52	27	Rappahannock-Rapidan CSB	12.96
23	Danville-Pittsylvania Com. Services	14.01	18	Valley CSB	19.97
20	District 19 CSB	17.83	21	Western Tidewater CSB	17.65
22	Middle Peninsula-Northern Neck CSB	14.79			
Small Budget (Less Than \$12 Million) Community Services Boards (12 CSBs)					
38	Alleghany Highlands CSB	5.74	34	Highlands Community Services	9.90
40	Dickenson County Behavioral Health	2.36	29	Northwestern Community Services	11.71
36	Eastern Shore CSB	8.31	30	Planning District One MH&MR SB	11.44
39	Goochland-Powhatan Comm. Services	4.94	33	Portsmouth DBHS	9.98
32	Hanover County CSB	10.44	37	Rockbridge Area Comm. Services	7.40
35	Harrisonburg-Rockingham CSB	8.39	31	Southside CSB	10.75

2008 Overview of Community Services Delivery in Virginia

Part II: Community Services Boards Classifications

The following table combines information from the population size table near the beginning of this overview and the total budget table on the preceding page to categorize CSBs by population size and total budget size.

2008 Combined Community Services Board Characteristics: Population and Budget Size			
	Small Population Less Than 112,772 (13 CSBs)	Medium Population 112,772 to 225,544 (16 CSBs)	Large Population More Than 225,544 (11 CSBs)
Large Budget (15 CSBs)		Alexandria Arlington Mount Rogers Region Ten Richmond BHA	Blue Ridge Central Virginia Chesterfield Fairfax-Falls Church Hampton-Newport News Henrico Area Loudoun County Norfolk Prince William County Virginia Beach
Medium Budget (13 CSBs)	Crossroads Cumberland Mountain Danville-Pittsylvania	Chesapeake Colonial District 19 Middle Peninsula-Northern Neck New River Valley Piedmont Rappahannock-Rapidan Valley Western Tidewater	Rappahannock Area
Small Budget (12 CSBs)	Alleghany Highlands Dickenson County Eastern Shore Goochland-Powhatan Hanover County Highlands Planning District One Portsmouth DBHS Rockbridge Area Southside	Harrisonburg-Rockingham Northwestern	

Budget Size is based on FY 2007 fourth quarter performance contract reports: Large = \$22 million plus; Medium = \$12 million to \$22 million; Small = less than \$12 million

Population Size: Large = more than 225,544; Medium = 112,772 to 225,544; Small = less than 112,772 people. Population statistics are based on the 2006 Final Estimates, Weldon Cooper Center for Public Service at the University of Virginia (official state population figures).

2008 Overview of Community Services Delivery in Virginia

Part II: Community Services Boards Classifications

C. Population Density: Urban and Rural CSB Service Areas

CSBs with population densities of 175 people or more per square mile are classified as urban; CSBs with less than 175 people per square mile are categorized as rural. The 40 CSBs are listed alphabetically in the urban and rural sections of the following table. The number preceding the CSB's name is its population density ranking (in descending order from the densest). The figure in parentheses after the CSB's name is its total population ranking (in descending order from the largest population), based on the 2006 Final Estimates, from the Weldon Cooper Center for Public Service at the University of Virginia (the official state population figures).

2008 Community Services Board Service Area Population Density					
Rank	CSB	Density	Rank	CSB	Density
Urban Community Services Boards (17): 175 or More People per Square Mile					
1	Alexandria (24)	8,849	14	Henrico Area (5)	492
2	Arlington (15)	7,666	13	Loudoun County (8)	517
16	Blue Ridge (9)	208	3	Norfolk (10)	4,353
11	Chesapeake (13)	632	5	Portsmouth (30)	2,970
10	Chesterfield (7)	692	9	Prince William County (3)	1,188
12	Colonial (20)	541	15	Rappahannock Area (6)	220
7	Fairfax-Falls Church (1)	2,583	4	Richmond (16)	3,226
6	Hampton-Newport News (4)	2,722	8	Virginia Beach (2)	1,739
17	Hanover County (31)	204			
Rural Community Services Boards (23): Less Than 175 People per Square Mile					
36	Alleghany Highlands (39)	50	35	Mount Rogers (25)	54
22	Central Virginia (11)	113	21	New River Valley (18)	116
39	Crossroads (29)	37	19	Northwestern (14)	129
34	Cumberland Mountain (32)	64	26	Piedmont (21)	90
23	Danville-Pittsylvania (28)	105	33	Planning District One (33)	67
37	Dickenson County (40)	48	29	Rappahannock-Rapidan (19)	82
27	District 19 (17)	88	25	Region Ten (12)	103
31	Eastern Shore (36)	79	40	Rockbridge Area (38)	36
28	Goochland-Powhatan (37)	85	38	Southside (34)	44
18	Harrisonburg-Rockingham (26)	135	30	Valley (27)	81
20	Highlands (35)	121	24	Western Tidewater (22)	105
32	Middle Peninsula-Northern Neck (23)	68			

The table on the next page categorizes CSBs by the combined characteristics of budget size, population density, population size, and type of CSB (operating CSB, administrative policy CSB, local government department with a policy-advisory CSB, or behavioral health authority).

2008 Overview of Community Services Delivery in Virginia

Part II: Community Services Boards Classifications

2008 Combined Characteristics of Community Services Boards		
Budget Size, Population Density, and Population Size	Operating CSBs (28) Behavioral Health Authority (1)	Administrative Policy CSBs (10) Local Government Department with Policy Advisory CSB (1)
Large Budget, Urban, Large Population (9)	Blue Ridge Hampton-Newport News Norfolk	Chesterfield, Fairfax-Falls Church, Henrico Area, Loudoun County, Prince William County, Virginia Beach
Large Budget, Urban, Medium Population (3)	Richmond BHA	Alexandria Arlington
Large Budget, Rural, Large Population (2)	Central Virginia Region Ten	
Large Budget, Rural, Medium Population (1)	Mount Rogers	
Medium Budget, Urban, Large Population (2)	Rappahannock Area	Chesapeake
Medium Budget, Urban, Medium Population (1)	Colonial	
Medium Budget, Rural, Medium Population (8)	Danville-Pittsylvania, District 19, Middle Peninsula-Northern Neck, New River Valley, Piedmont, Rappahannock-Rapidan, Valley, Western Tidewater	
Medium Budget, Rural, Small Population (2)	Crossroads, Cumberland Mountain	
Small Budget, Urban, Small Population (2)		Hanover County Portsmouth DBHS
Small Budget, Rural, Medium Population (1)	Harrisonburg-Rockingham	
Small Budget, Rural, Small Population (6)	Alleghany Highlands, Dickenson County, Eastern Shore, Goochland-Powhatan, Highlands, Northwestern, Planning District One, Rockbridge Area, Southside	

Budget Size is based on FY 2007 fourth quarter performance contract reports: Large = \$22 million plus; Medium = \$12 million to \$22 million; Small = less than \$12 million

Population Density: Urban = 175 people or more per square mile; Rural = less than 175 people per square mile. Population statistics are based on the 2005 Final Estimates, Weldon Cooper Center for Public Service at the University of Virginia (official state population figures)

Population Size: Large = more than 225,544; Medium = 112,772 to 225,544; Small = less than 112,772 people.

2008 Overview of Community Services Delivery in Virginia

Part II: Community Services Boards Classifications

D. Community Services Board Relationship with Local Government: Types of CSBs

A meaningful classification of community services boards is the relationship between a CSB and its local government or governments. While CSBs are agents of the local governments that established them, most CSBs are not city or county government departments. Section 37.2-100 of the Code of Virginia defines three types of CSBs. Chapter 6 of Title 37.2 of the Code of Virginia authorizes behavioral health authorities (BHAs) to provide community services in two cities and one county.

Operating community services board or ***operating board*** means the public body organized in accordance with the provisions of Chapter 5 of Title 37.2 of the Code of Virginia that is appointed by and accountable to the governing body of each city and county that established it for the direct provision of mental health, mental retardation, and substance abuse services. The operating CSB or operating board denotes the board, the members of which are appointed pursuant to § 37.2-501 with the powers and duties enumerated in § 37.2-504 A and § 37.2-505 of the Code. Operating CSB or operating board also includes the organization that provides such services, through its own staff or through contracts with other organizations and providers. The 28 operating CSBs employ their own staff and are not city or county government departments.

Administrative policy community services board or ***administrative policy board*** means the public body organized in accordance with the provisions of Chapter 5 of Title 37.2 of the Code of Virginia that is appointed by and accountable to the governing body of each city and county that established it to set policy for and administer the provision of mental health, mental retardation, and substance abuse services. The administrative policy CSB or administrative policy board denotes the board, the members of which are appointed pursuant to § 37.2-501 with the powers and duties enumerated in § 37.2-504 A and § 37.2-505 of the Code of Virginia. Mental health, mental retardation, and substance abuse services are provided through local government staff or through contracts with other organizations and providers. The 10 administrative policy CSBs do not employ their own staff. Eight administrative policy CSBs are city or county government departments; two administrative policy boards are not local government departments, but they use local government staff to provide services.

Policy-advisory community services board or ***policy-advisory board*** means the public body organized in accordance with the provisions of Chapter 5 of Title 37.2 of the Code of Virginia that is appointed by and accountable to the governing body of each city and county that established it to provide advice on policy matters to the local government department that provides mental health, mental retardation, and substance abuse services pursuant to § 37.2-504 A and § 37.2-505 of the Code of Virginia. The policy-advisory CSB or policy-advisory board denotes the board, the members of which are appointed pursuant to § 37.2-501 with the powers and duties enumerated in § 37.2-504 B of the Code of Virginia. The policy-advisory board has no operational powers or duties; it is an advisory board to the local government department. There is one local government department with a policy-advisory CSB, the Portsmouth Department of Behavioral Healthcare Services.

2008 Overview of Community Services Delivery in Virginia

Part II: Community Services Boards Classifications

Behavioral health authority (BHA) or **authority** means a public body and a body corporate and politic organized in accordance with the provisions of Chapter 6 of Title 37.2 of the Code of Virginia that is appointed by and accountable to the governing body of the city or county that established it for the provision of mental health, mental retardation, and substance abuse services. BHA or authority also includes the organization that provides such services through its own staff or through contracts with other organizations and providers. Chapter 6 authorizes Chesterfield, Richmond, and Virginia Beach to establish authorities; a BHA exists only in Richmond. A BHA most closely resembles an operating CSB, but it has several powers or duties, listed in § 37.2-605 of the Code of Virginia, that are not given to CSBs.

Section 37.2-500 of the Code of Virginia requires each city and county to designate the type of CSB that it has already established. This requirement was effective on July 1, 1998. The following table shows the designation status for each CSB.

Community Services Board Designation Status			
Name of CSB	Type	Name of CSB	Type
Alexandria ¹	Admin Policy	Highlands	Operating
Alleghany Highlands	Operating	Loudoun County ¹	Admin Policy
Arlington ¹	Admin Policy	Middle Peninsula-Northern Neck	Operating
Blue Ridge	Operating	Mount Rogers	Operating
Central Virginia	Operating	New River Valley	Operating
Chesapeake ¹	Admin Policy	Norfolk	Operating
Chesterfield ¹	Admin Policy	Northwestern	Operating
Colonial	Operating	Piedmont	Operating
Crossroads	Operating	Planning District One	Operating
Cumberland Mountain	Operating	Portsmouth DBHS ¹	LG Dept. ²
Danville-Pittsylvania	Operating	Prince William County	Admin Policy
Dickenson County	Operating	Rappahannock Area	Operating
District 19	Operating	Rappahannock-Rapidan	Operating
Eastern Shore	Operating	Region Ten	Operating
Fairfax-Falls Church	Admin Policy	Richmond BHA	BHA
Goochland-Powhatan	Operating	Rockbridge Area	Operating
Hampton-Newport News	Operating	Southside	Operating
Hanover County ¹	Admin Policy	Valley	Operating
Harrisonburg-Rockingham	Operating	Virginia Beach ¹	Admin Policy
Henrico Area ¹	Admin Policy	Western Tidewater	Operating

¹ Actual city or county government department (8 CSBs and the Portsmouth DBHS)

² The only local government department with a policy-advisory CSB

There are:

28 operating CSBs

10 administrative policy CSBs

1 local government department with a policy-advisory CSB

1 behavioral health authority

2008 Overview of Community Services Delivery in Virginia

Part II: Community Services Boards Classifications

E. Community Services Board Staffing

The ten administrative policy CSBs and the one local government department with a policy-advisory CSB (Portsmouth) use local government staff to deliver services. The staff in directly-operated programs of these CSBs are employees of those local governments. Eight single jurisdiction CSBs and one multi-jurisdictional CSB (Henrico Area) operate as city or county government departments. These CSBs are:

Alexandria CSB	Henrico Area Mental Health & Retardation Services Board
Arlington County CSB	Loudoun County CSB
Chesapeake CSB	Portsmouth Department of Behavioral Healthcare Services
Chesterfield CSB	Virginia Beach Community Services Board
Hanover County CSB	

Two multi-jurisdictional administrative policy CSBs (Fairfax-Falls Church and Prince William County) use local government employees to deliver services, but these CSBs are not city or county government departments.

Staff of the 28 operating community services boards are employees of those CSBs, and staff of the Richmond Behavioral Health Authority (RBHA) are employees of the RBHA.

The numbers of full-time equivalents (FTEs) by program area (mental health, mental retardation, and substance abuse) and for administration are listed below for programs that are operated directly by CSBs. A full-time equivalent is not the same thing as a position. For example, a part-time position that is staffed for 20 hours per week is one position; but it is a one-half FTE. Thus, the number of FTEs in an organization will usually be less than the number of positions; but the number of FTEs is a more accurate indicator of the personnel resources available to deliver services or provide administrative support for those services. Peer staff FTEs is a new staffing category added this year; it reflects the number of full-time equivalents of consumers employed by CSBs to deliver services.

FY 2008 Community Services Board Staffing					
Program Area	Consumer Service FTEs	Peer Staff FTEs	Support Staff FTEs	Total FTEs	Percent
Mental Health	4,238.39	62.50	941.10	5,241.99	44.39
Mental Retardation	3,250.69	2.00	460.82	3,713.51	31.45
Substance Abuse	1,382.03	6.00	298.87	1,686.90	14.29
Administration	0.00	0.00	1,165.68	1,165.68	9.87
Total FTEs	8,871.11	70.50	2,866.47	11,808.08	100.00
Percent	75.13	0.60	24.27	100.00	

SOURCE: FY 2008 community services performance contracts

2008 Overview of Community Services Delivery in Virginia

Part III: Board Composition, Responsibilities, and Roles

A. Community Services Board (CSB) Board Composition

The board of directors of each CSB consists of no less than six and no more than 18 members, appointed by the city councils or county boards of supervisors that established it. Sections 37.2-501 and 37.2-502 of the Code of Virginia govern CSB appointments; § 37.2-602 and § 37.2-603 govern BHA appointments. Members are eligible to serve no more than three full three-year terms, exclusive of filling vacancies (partial terms). Appointments run from July 1 to June 30 or January 1 to December 31. All appointments may not be filled at any particular point during each year. Differences between Total Appointments and Total Members are the numbers of vacant appointments. Information about board member appointments is displayed below. CSBs provide this information in their performance contracts with the Department. All years in the following tables are fiscal years (July 1 through June 30), rather than calendar years.

Numbers of Consumers and Family Members on Community Services Boards								
Percent means of total members	1991		1993		1995		1996	
	No.	Percent	No.	Percent	No.	Percent	No.	Percent
Consumers	2	.41	17	3.44	10	2.03	11	2.30
Family Members	54	11.02	90	18.22	70	14.20	80	16.74
Subtotal	56	11.43	107	21.66	80	16.23	91	19.04
Total Members	490	100.00	494	100.00	493	100.00	478	100.00
	1997		1998		1999		2000	
Consumers	15	3.11	20	4.14	47	9.67	40	8.11
Family Members	96	19.92	96	19.87	118	24.28	144	29.21
Subtotal	111	23.03	116	24.01	165	33.95	184	37.32
Total Members	482	100.00	483	100.00	486	100.00	493	100.00
Total Appointments	500		513		511		513	
	2001		2002		2003		2004	
Consumers	47	9.61	39	7.88	36	7.30	42	8.59
Family Members	121	24.74	140	28.28	145	29.41	139	28.42
Subtotal	168	34.35	179	36.16	181	36.71	181	37.01
Total Members	489	100.00	495	100.00	493	100.00	489	100.00
Total Appointments	513		517		517		519	
	2005		2006		2007		2008	
Consumers	48	9.74	45	8.91	46	9.06	46	9.16
Family Members	139	28.19	143	28.32	158	31.10	142	28.29
Subtotal	187	37.93	188	37.23	204	40.16	188	37.45
Total Members	493	100.00	505	100.00	508	100.00	502	100.00
Total Appointments	522		524		528		526	
	2009		2010		2011		2012	
Consumers								
Family Members								
Subtotal								
Total Members								
Total Appointments								

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Part III: Board Composition, Responsibilities, and Roles

Sections 37.2-501 and 37.2-602 of the Code of Virginia require that appointments to CSBs or BHAs be broadly representative of the community. It further requires that one-third of the appointments be identified consumers or former consumers or family members of consumers or former consumers, at least one of whom shall be a consumer receiving services. These sections do not specify how or to whom consumers and family members are identified. Section 37.2-100 of the Code of Virginia defines consumer as a current direct recipient of public or private mental health, mental retardation, or substance abuse treatment or habilitation services. It defines family member as an immediate family member of the consumer or the principal caregiver of a consumer.

B. Relationships Between CSBs and the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (Department)

CSBs are agents of the local governments that established them; they are not part of the Department. The Department's relationships with all CSBs are based on the community services performance contract, provisions in Title 37.2 of the Code of Virginia, State Board policies and regulations, and other applicable state or federal statutes or regulations. The Department:

- contracts with CSBs for local mental health, mental retardation, and substance abuse services;
- licenses CSBs and other providers to deliver services;
- monitors the operations of CSBs through performance contract reports, community consumer submission extracts, other reports, and reviews of CPA audits;
- provides funds, leadership, guidance, direction, and consultation to CSBs; and
- encourages and supports utilization management and review and quality assurance activities conducted by CSBs.

While not part of the Department, CSBs are key operational partners with the Department and its state facilities in Virginia's system of public mental health, mental retardation, and substance abuse services. The Central Office, State Facility, and CSB Partnership Agreement, available on the agency's web site at www.dmhmrzas.virginia.gov, describes this arrangement.

C. Community Services Board Powers, Duties, and Responsibilities

Sections 37.2-500, 37.2-504, 37.2-505, 37.2-506, 37.2-508, and 37.2-512 of the Code of Virginia contain the following powers and duties of a CSB or local government department with a policy-advisory CSB. The powers and duties of a behavioral health authority, contained in § 37.2-605, § 37.2-606, § 37.2-607, and § 37.2-615, are the same or very similar to those of an operating CSB, except a BHA has several additional powers and duties.

1. Function as the single point of entry into publicly funded mental health, mental retardation, and substance abuse services in order to provide comprehensive mental health, mental retardation, and substance abuse services within a continuum of care.
2. Review and evaluate public and private community mental health, mental retardation, and substance abuse services and facilities that receive funds from the CSB and advise the local governing body of each city or county that established the CSB as to its findings.
3. Submit to the governing body of each county or city that established it an annual performance contract for community mental health, mental retardation, and substance abuse services for its approval prior to submission of the contract to the Department.

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Part III: Board Composition, Responsibilities, and Roles

4. Within amounts appropriated for this purpose, provide services authorized under the performance contract.
5. In accordance with its approved performance contract, enter into contracts with other providers for the delivery of services or operation of facilities.
6. In the case of operating and administrative policy CSBs, make policies or regulations concerning the delivery of services and operation of facilities under its direction or supervision, subject to applicable policies and regulations adopted by the State Board.
7. For an operating CSB, appoint an executive director who meets the minimum qualifications established by the Department and prescribe his duties. The executive director shall serve at the pleasure of the board and be employed under an annually renewal contract that contains performance objectives and evaluation criteria. In the case of an administrative policy CSB, participate with local government in the appointment and annual performance evaluation of an executive director who meets the minimum qualifications established by the Department and prescribe his duties. For a local government department with a policy-advisory CSB, the local government department director shall serve as the executive director. The policy-advisory CSB shall participate in the selection and annual performance evaluation of the local government department director employed by the city or county.
8. Institute a reimbursement system to maximize the collection of fees from persons receiving services under its jurisdiction or supervision and from responsible third party payors. All fees collected shall be included in the performance contract and used only for community mental health, mental retardation, and substance abuse purposes.
9. Accept gifts, donations, bequests, or grants of money or property from any source and use them as authorized by the governing body of each city or county that established it.
10. Seek and accept funds through federal grants. In accepting grants, the CSB shall not bind the governing body of any county or city that established it to any expenditures or conditions of acceptance without the prior approval of the governing body.
11. Disburse funds appropriated to it in accordance with such regulations as may be established by the governing body of each city or county that established the CSB.
12. Apply for and accept loans as authorized by the governing body of each county or city that established the CSB.
13. Develop joint written agreements, consistent with policies adopted by the State Board, with local school divisions; health departments; boards of social services; housing agencies, where they exist; courts; sheriffs; area agencies on aging; and regional Department of Rehabilitative Services offices. The agreements shall specify the services to be provided to consumers. All participating agencies shall develop and implement the agreements and shall review the agreements annually.
14. Develop and submit to the Department information needed to prepare the Comprehensive State Plan for mental health, mental retardation, and substance abuse services.
15. Take all necessary and appropriate actions to maximize the involvement and participation of consumers and family members of consumers in policy formulation and services planning, delivery, and evaluation.

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Part III: Board Composition, Responsibilities, and Roles

16. Institute, singly or in combination with other CSBs or BHAs, a dispute resolution mechanism that is approved by the Department and enables consumers and family members of consumers to resolve concerns, issues, or disagreements about services without adversely affecting their access to or receipt of appropriate types and amounts of current or future services from the CSB or BHA.
17. Release data and information about individual consumers to the Department so long as the Department implements procedures to protect the confidentiality of that data and information.
18. In the case of an administrative policy board or a local government department with a policy-advisory board, carry out other duties and responsibilities as assigned by the governing body of each city or county that established it.
19. In the case of an operating board, have authority to receive state and federal funds directly from the Department and act as its own fiscal agent, when authorized to do so by the governing body of each city or county that established it.
20. Provide preadmission screening services prior to admission to a state hospital for any person who requires emergency mental health services while in a city or county served by the CSB.
21. Provide, in consultation with the appropriate state hospital or training center, discharge planning for any person who, prior to admission, resided in a city or county served by the CSB or chooses to reside after discharge in a county or city served by the CSB. The plan shall include the mental health, mental retardation, substance abuse, social, educational, medical, employment, housing, legal, advocacy, transportation, and other services that the consumer will need upon discharge. The plan shall identify the public or private agencies that have agreed to provide these services. No person shall be discharged from a state hospital or training center without completion of a discharge plan by the CSB.
22. Submit an annual performance contract to the Department.
23. Conduct a criminal background check and obtain a search of the registry of founded complaints of child abuse and neglect on any applicant who accepts employment in any direct consumer care position with the CSB.
24. Enter into joint agreements with one or more CSBs or BHAs to provide treatment, habilitation, or support services for consumers with specialized and complex service needs and associated managerial, operational, and administrative services and supports to promote clinical, programmatic, or administrative effectiveness and efficiency.
25. Assure the human rights, enumerated in § 37.2-400 of the Code of Virginia and the Human Rights Regulations adopted by the State Board, of consumers in the CSB's services and comply with other provisions of those regulations.
26. Satisfy the applicable licensing regulations, adopted pursuant to § 37.2-403 et seq. of the Code of Virginia, for services that the CSB operates.

D. Community Services Board Roles

Inherent in the enabling legislation is the concept of a community services board, including its board of directors, as an accountable service provider. A CSB is accountable to the consumers that it serves and their families, its local government(s), communities in its service area, the

2008 Overview of Community Services Delivery in Virginia

Department, the State Board, the Department of Medical Assistance Services, the General Assembly, and various federal funding sources. A CSB provides three kinds of accountability.

1. **Organizational:** The CSB must structure and manage its internal organization so that it can effectively discharge its statutory powers and duties.
2. **Financial:** The CSB must use public funds effectively and efficiently and expend those funds in accordance with accepted policies and procedures, fulfilling its fiduciary responsibilities.
3. **Programmatic:** The CSB must provide services and supports that promote recovery, self-determination, empowerment, resilience, health, and the highest level of consumer participation in all aspects of community life, including work, school, family, and other meaningful relationships. These services and supports are individualized, accessible, effective, inclusive, responsive, and reflective of evidence-based or best practices.

A CSB fills several **complementary roles** to carry out its statutory powers and duties and to provide this accountability.

- A CSB, as the local agency responsible for providing public mental health, mental retardation, and substance abuse services, is a source of professional expertise and a channel for the concerns of individuals. It functions as an **advisor to local government** about unmet needs, current services, and future service trends and directions.
- A CSB helps the public understand the need for and meaning of treatment in the community. As an **educator**, a CSB must actively seek, facilitate, and value input from and participation by consumers, family members, other agencies, advocacy groups, and other individuals.
- A CSB functions as a **community organizer** as it coordinates the development of needed services in the community. To do this, a CSB must work closely with public and private human services agencies, consumers, family members, and advocacy groups.
- A CSB is also a **community planner**, planning the development of services and facilities to meet identified needs and working with other groups and agencies to do this.
- CSB board members and staff act as **consultants** to the local professional community, providing information, evaluations, referrals, and assistance to and generating support among other professional groups and individuals.
- CSB board members and staff are **advocates** for the development and expansion of services, for individuals not receiving needed services, and for community acceptance of and support for consumers and the CSB's services.

Among these many responsibilities and roles, four define the essential nature of a CSB; others support or complement these four roles. Fundamentally, a community services board is:

1. the **single point of entry** into publicly funded mental health, mental retardation, and substance abuse services for its service area, including access to state hospital and training center services through preadmission screening, case management, and coordination of services;
2. a **provider** of services, directly and through contracts with other organizations and providers,
3. an **advocate** for consumers and services, and
4. the local **focal point of accountability and responsibility** for services and resources.

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Part IV: Community Services Board Services

Tables 1 through 5 on the following pages display information derived from annual performance contract reports and Community Consumer Submission 3 (CCS 3) extracts submitted by CSBs about numbers of consumers served, static capacities available, units of services provided, and characteristics of the consumers served, directly or through contracts with other providers, in the most recent fiscal year for which this information is available. Services, beds and slots, units of service, and consumers are defined in the Core Services Taxonomy, issued by the Department and available on its web site at www.dmhmrssas.virginia.gov.

While CSBs and their services are the focus of this overview, the private sector is a vital partner with CSBs in serving individuals with mental illnesses, intellectual disabilities, or substance use disorders. In addition to serving many individuals through contracts with CSBs, private providers also serve other individuals directly, for example through various Medicaid programs such as the mental retardation home and community-based waiver with plans of care case managed by CSBs and mental health clinic and inpatient psychiatric treatment services.

The table below displays trends by program area (mental health, mental retardation, or substance abuse services) in numbers of consumers served by CSBs since FY 1986. Consumers served are not unduplicated numbers in this table. Some consumers received more than one type of service in a program area and sometimes received services in more than one program area. Variations from year to year reflect several factors, including changing service definitions and occasional budget reductions.

Trends in Consumers Served by Community Services Boards				
Fiscal Year	Mental Health	Mental Retardation	Substance Abuse	Totals
1986	135,182	20,329	52,942	208,453
1988	161,033	22,828	80,138	263,999
1990	152,811	30,198	101,816	284,825
1991	161,536	28,493	103,288	293,317
1992	160,115	27,525	78,358	265,998
1993	158,363	27,610	80,359	266,332
1994	168,208	28,680	87,863	284,751
1995	177,320	29,141	88,471	294,932
1996	174,126	30,006	90,750	294,882
1997	179,607	30,655	90,430	300,692
1998	185,647	32,509	96,556	314,712
1999	178,279	33,087	93,436	304,802
2000	180,783	26,086	88,186	295,055
2001	178,420	33,238	102,037	313,695
2002	176,735	33,933	91,904	302,572
2003	180,110	34,103	86,979	301,102
2004	181,396	35,038	78,008	294,442
2005	188,289	39,414	76,141	303,844
2006	195,794	36,004	73,633	305,431
2007	207,454	36,573	73,829	317,856

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Table 1: FY 2007 Community Services Board Consumers Served by Core Service				
Program Area → Core Service ↓	Mental Health	Mental Retardation	Substance Abuse	Grand Totals
1. Emergency Services	47,287	16	6,737	54,040
2. Local Inpatient Services				
Adult Psychiatric or Substance Abuse Inpatient	2,277		186	2,463
Community-Based SA Medical Detox Inpatient			1,607	1,607
Total Local Inpatient Services	2,277		1,793	4,070
3. Outpatient Services				
Outpatient Services	82,438	172	37,327	119,937
Opioid Detoxification Services			192	192
Opioid Treatment Services			1,909	1,909
Assertive Community Treatment	1,548			1,548
Total Outpatient Services	83,986	172	39,428	123,586
4. Case Management Services	47,912	17,083	10,265	75,260
5. Day Support Services				
Day Treatment/Partial Hospitalization	3,580		1,585	5,165
Rehabilitation/Habilitation	5,734	2,664		8,398
Total Day Support Services	9,314	2,664	1,585	13,563
6. Employment Services				
Sheltered Employment	61	942		1,003
Group Supported Employment	56	699		755
Individual Supported Employment	1,049	1,156		2,205
Total Day Support Services	1,166	2,797		3,963
7. Residential Services				
Highly Intensive Residential Services	1,920	102		2,022
Intensive Residential Services	289	887	2,971	4,147
Jail-Based Habilitation Services			1,626	1,626
Supervised Residential Services	1,554	452	253	2,259
Supportive Residential Services	5,143	1,422	400	6,965
Total Residential Services	8,906	2,863	5,250	17,019
8. Early Intervention Services	513	8,778	1,291	10,582
9. Limited Services				
Substance Abuse Social Detoxification Services			3,281	3,281
Motivational Treatment	6		1,092	1,098
Consumer Monitoring Services	2,019	1,860	762	4,641
Assessment and Evaluation Services	4,068	340	2,345	6,753
Total Limited Services	6,093	2,200	7,480	15,773
Total Consumers Served ¹	207,454	36,573	73,829	317,856
Total Unduplicated Consumers	126,632	27,619	53,905	208,156

¹ Total Consumers Served are not unduplicated numbers of individuals. Some consumers receive more than one type of service or services in more than one program area.

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Part IV: Community Services Board Services

With the implementation of the Community Consumer Submission (software that extracts individual consumer data from CSB information systems and transmits the encrypted data to the Department), a totally unduplicated count of consumers at CSBs across all three program areas (all MH, MR, and SA services), rather than only in each area, is available. In FY 2007, 185,287 distinct individuals received services from CSBs. The difference between that figure and the sum of the unduplicated number of consumers in each program area, shown in the preceding table, gives some indication of the number of consumers who may be receiving services in more than one program area: 22,869 individuals in FY 2007.

Table 2: FY 2007 Community Services Board Static Capacities by Core Service				
Program Area→ Core Service↓	Mental Health	Mental Retardation	Substance Abuse	Grand TOTAL
Adult Psychiatric or Substance Abuse Inpatient	62.04		2.91	64.95
Community-Based SA Medical Detox Inpatient			40.79	40.79
Total Local Inpatient Services Beds	62.04		43.70	105.74
Day Treatment/Partial Hospitalization	1,461.56		199.35	1,660.91
Rehabilitation/Habilitation	2,456.07	2,038.73		4,494.80
Sheltered Employment	33.00	754.23		787.23
Group Supported Employment	24.00	662.00		686.00
Total Day Support Services Slots	3,974.63	3,454.96	199.35	7,628.94
Highly Intensive Residential Services	127.18	99.00		226.18
Substance Abuse Social Detoxification Services			96.15	96.15
Intensive Residential Services	157.30	836.72	522.73	1,516.75
Jail-Based Habilitation Services			373.00	373.00
Supervised Residential Services	843.80	418.71	105.00	1,367.51
Total Residential Services Beds	1,128.28	1,354.43	1,096.88	3,579.59

Decimal fractions of beds and slots result from calculating these capacities for contracted services, where a CSB purchases a number of bed days or days of service, which must be converted to numbers of beds or day support slots. For example, 183 bed days of purchased local inpatient services equal one half (.5) of a bed.

Slots means the maximum number of distinct consumers who could be served during a day or a half-day session in most day support programs. It is the number of slots for which the program or service is staffed. For example, in rehabilitation programs, the number of slots is not the total number of members in the program, it is the number who can be served at the same time during a session.

Beds means the total number of beds for which the facility or program is licensed and staffed or the number of beds contracted for during the contract period.

Provider service hours (used in Table 3 on the next page) measure the amount of staff effort related to the provision of services. Provider service hours are hours that are available from all staff who provide direct and consumer-related services to consumers.

In Table 3 on the next page, core services are organized by the different types of service units (i.e., provider service hours, day support hours, days of service, and bed days) in day support and residential services. The figures are derived from the 01/07/2008 summary of CARS reports.

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Table 3: FY 2007 Community Services Board Services Provided by Core Service				
Program Area → Core Service/Unit of Service↓	Mental Health	Mental Retardation	Substance Abuse	Grand Totals
1. Emergency Provider Service Hours	380,404	765	43,607	424,776
2. Local Inpatient Services				
Adult Psychiatric or Substance Abuse Inpatient	15,673		958	16,631
Community-Based SA Medical Detox Inpatient			10,559	10,559
Total Local Inpatient Bed Days	15,673		11,517	27,190
3. Outpatient Services				
Outpatient Services	1,093,235	2,427	477,258	1,572,920
Opioid Detoxification Services			17,784	17,784
Opioid Treatment Services			88,343	88,343
Assertive Community Treatment	237,649			237,649
Total Outpatient Provider Service Hours	1,330,884	2,427	583,385	1,916,696
4. Case Management Provider Service Hours	1,019,952	596,620	146,143	1,762,715
5. Day Support Services				
Day Treatment/Partial Hospitalization	1,485,861		221,020	1,706,881
Rehabilitation/Habilitation	2,912,095	2,247,380		5,159,475
Total Day Support Hours	4,397,956	2,247,380	221,020	6,866,356
6. Employment Services				
Sheltered Employment	7,093	158,727		165,820
Group Supported Employment	4,350	129,382		133,732
Total Day Support Days of Service	11,443	288,109		299,552
Individual Supported Employment	36,390	81,577		117,967
Total Day Support Hours	36,390	81,577		117,967
7. Residential Services				
Highly Intensive Residential Services	33,992	35,477		69,469
Intensive Residential Services	54,629	284,834	135,311	474,774
Jail-Based Habilitation Services			135,526	135,526
Supervised Residential Services	270,505	98,460	26,494	395,459
Total Residential Bed Days	359,126	418,771	297,331	1,075,228
Supportive Residential Services	585,304	904,116	15,295	1,504,715
Total Residential Provider Service Hours	585,304	904,116	15,295	1,504,715
8. Prevention and Early Intervention Services				
Prevention Services	43,964	5,699	199,689	249,352
Early Intervention Services	9,897	277,987	24,877	312,761
Total Prev. & Early Inter. Prov. Service Hrs.	53,861	283,686	224,566	562,113
9. Limited Services				
SA Social Detoxification Bed Days			24,022	24,022
Motivational Treatment	21		2,688	2,709
Consumer Monitoring Services	31,669	12,793	7,243	51,705
Assessment and Evaluation Services	27,987	1,751	8,947	38,685
Total Limited Services Provider Service Hrs.	59,677	14,544	42,900	117,121

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**Table 4: FY 2007 Unduplicated Numbers of Consumers Served
by Age and Gender by Program Area (MH, MR, or SA Services)**

Age	Mental Health Services			Mental Retardation Services			Substance Abuse Services		
	Female	Male	Unknown	Female	Male	Unknown	Female	Male	Unknown
0-2	449	565	6	3,587	6,081	14	75	94	4
3-12	4,797	8,989	32	706	1,227	2	243	413	4
13-17	6,888	8,320	36	553	881	1	2,149	4,283	5
18-22	4,575	5,246	19	941	1,466	6	2,116	4,918	21
23-59	39,432	35,989	134	5,021	6,009	13	13,594	25,001	70
60-64	2,447	1,479	1	236	222	1	108	286	1
65-74	2,365	1,448	5	239	213	0	52	167	2
75+	1,616	812	6	65	76	0	20	31	0
Unknown	172	177	627	11	13	35	36	48	164
Subtotal	62,741	63,025	866	11,359	16,188	72	18,393	35,241	271
Total	126,632			27,619			53,905		

**Table 5: FY 2007 Unduplicated Numbers of Consumers Served
by Race and Gender by Program Area (MH, MR, or SA Services)**

Program Area → Race↓	MH Services			MR Services			SA Services		
	Female	Male	Unk	Female	Male	Unk	Female	Male	Unk
Alaska Native	34	26	0	8	13	0	11	18	0
American Indian	167	189	1	20	27	0	48	125	0
American Indian or Alaska AND Black or African American	28	24	0	3	1	0	9	29	0
American Indian or Alaska Native AND White	50	39	0	4	7	0	28	30	0
Asian	218	174	0	63	105	1	30	79	0
Asian AND White	53	62	0	23	36	0	20	64	0
Asian or Pacific Islander	603	565	1	239	345	0	60	225	0
Black or African American AND White	431	459	0	83	120	0	104	223	0
Black or African American	16,603	19,329	40	3,085	4,361	4	5,243	10,961	28
Native Hawaiian or Other Pacific Islander	22	12	0	1	9	0	7	11	0
Other Multi-Race	235	274	0	55	95	0	73	130	0
Other	2,818	2,689	8	572	828	4	659	2,518	5
White	40,251	38,085	62	6,913	9,753	10	11,748	20,073	47
Unknown/ Not Collected	1,228	1,098	754	290	488	53	353	755	191
Subtotal	62,741	63,025	866	11,359	16,188	72	18,393	35,241	271
Total	126,632			27,619			53,905		

Source for Tables 4 and 5: FY 2007 Community Consumer Submission 3 extracts